



STATE OF INDIANA

ADDENDUM 3

Request for Proposals 10-68

INDIANA DEPARTMENT OF ADMINISTRATION

On Behalf Of

**INDIANA FAMILY AND SOCIAL SERVICES
ADMINISTRATION/OFFICE OF MEDICAID POLICY AND
PLANNING**

Solicitation For:

Services for Diabetic Supply Program

Response Due Date: April 1, 2010

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Indiana Government Center South
402 W. Washington St., Room W461
Indianapolis, IN 46204

RFP-10-68
March 15, 2010

1. The Minority & Women Business Subcontractor Commitment Form (Attachment A) has been revised. Please use the updated Attachment A when submitting your proposal response.
2. The State requires that potential bidders submit and clearly label the MBE/WBE forms for each of the following scenarios:
 - a) If the bidder were to be chosen as the sole successful bidder;
 - b) If the bidder were to be chosen as one of two successful bidders;
 - c) If the bidder were to be chosen as one of three successful bidders; and
 - d) If the bid were to be chosen as one of more than three successful bidders.
3. In response to #20 of the questions and answers spreadsheet, a hypothetical scenario is provided below:

MBE Hypothetical Scenario		
Vendor	Bid Amounts	Awarded Points
Company 1		10
Subcontractor/MBE 1	\$ 15,000.00	
Subcontractor/MBE 2	\$ 5,000.00	
Company 2		3
Subcontractor/MBE 1	\$ 6,000.00	
Company 3		4
Subcontractor/MBE 1	\$ 8,000.00	
Highest Amount Bid	\$	20,000.00

WBE Hypothetical Scenario		
Vendor	Bid Amounts	Awarded Points
Company 1		2
Subcontractor/WBE 1	\$ 2,000.00	
Company 2		10
Subcontractor/WBE 1	\$ 1,000.00	
Subcontractor/WBE 2	\$ 7,000.00	
Subcontractor/WBE 3	\$ 2,000.00	
Company 3		0
Subcontractor/WBE 1	\$ -	
Highest Amount Bid	\$	10,000.00